

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** APPLEWOOD NEW BERLIN (310635)

**Address:** 2900 S MOORLAND RD, NEW BERLIN, WI 53151

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1998

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095872      **End Date:** 10/27/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008855    Served 11/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.14(3)(a)	NOT SUPERVISED BY RN OR PHARMACIST		

**Survey ID:** 0092889      **End Date:** 06/24/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 11/10/2005      **SOD #**10008855      **Appealed:** No

Sanctions

FORFEITURE---83.14(3)(a)

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**Complaint History**

**Date Complaint Received: 08/05/2005**

**Date Investigation Completed: 10/27/2005**

Subject Area(s)  
MEDICATIONS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/01/2003**

**Date Investigation Completed: 06/24/2004**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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